

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

1600 Ninth Street, Room 420 Sacramento, California 95814  
107 South Broadway, Room 7117, Los Angeles, CA 90012

Phone (916) 654-3362 FAX (916) 654-2973  
(213) 897-0166 FAX (213) 897-0168

### Application for Plan Review

<b>A</b>	Name of Facility				<b>OFFICE USE ONLY</b> OSHDP #		
	Address - Street						
	City		County		Zip		Facility I.D. #
	Administrator:				Phone:		
	Title of Project (45 Characters max.)				Applicant Job #		
<b>B</b>	Scope of Project: <input type="checkbox"/> Preliminary <input type="checkbox"/> Final				<b>SUBMITTAL</b> <input type="checkbox"/> Preliminary <input type="checkbox"/> OTC <input type="checkbox"/> Field Review <input type="checkbox"/> Final <input type="checkbox"/> Revised Final <input type="checkbox"/> Expedite <input type="checkbox"/> Examination		
	Total Licensed Beds: Before Construction: _____ After Construction: _____						
<b>C</b>	Type of Project: <input type="checkbox"/> New Facility <input type="checkbox"/> Addition <input type="checkbox"/> Remodel				<b>DISTRIBUTION</b> <input type="checkbox"/> OSHDP _____ <input type="checkbox"/> Project File _____ <input type="checkbox"/> Rad. Health _____ <input type="checkbox"/> L & C - _____ <input type="checkbox"/> _____		
	Type of Facility: <input type="checkbox"/> General Acute Care <input type="checkbox"/> Skilled Nursing (SNF) and Intern. Care Facility (ICF) - <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Correctional Treatment Center (CTC)						
<b>D</b>	Legal Owner _____ Phone: _____				<b>FEE DISTRIBUTION</b> _____ P - Preliminary _____ F - Final _____ R - Revised _____ Q - Equipment _____ Other		
	Address _____ City _____ State _____ Zip _____						
<b>E</b>	<b>ESTIMATED COSTS</b>						
	1. Estimated Construction Cost of project (Including Fixed Equipment, <u>excluding</u> Radiology Equipment, Design Fees, Inspection Fees, and Off Site Work)..... \$ _____						
	2. Estimated cost of Radiology Equipment (X-ray, MRI, CT Scans, etc.)..... \$ _____						
	<b>FEE COMPUTATION</b>						
	<b>NOTE:</b> <u>Skilled Nursing Facilities (SNF) fees are 1.5% (.015) of the estimated cost</u> <u>Acute Care Hospitals (Hosp) fees are 1.64% (.0164) of the estimated cost</u>						
	<b>FINAL SUBMITTAL</b>						
	3. Estimated Construction Cost (line 1) X .0164 (Hosp) or X .015 (SNF) (or \$250, whichever is greater)..... \$ _____						
	4. Estimated Radiology Equipment Cost (line 2) X .00164..... \$ _____						
	5. TOTAL FINAL FILING FEE (lines 3 and 4) ..... \$ _____						
	6. Less any Preliminary Filing Fee previously paid..... \$ _____						
<b>TOTAL FINAL FILING FEE DUE..... \$ _____</b>							
<b>Preliminary Submittal</b> (If applicable) Estimated Construction Cost (10% of line 5) = <b>Preliminary Fees Due..... \$ _____</b>							
<b>F</b>	Application for Plan Review made by (Name typed):						
	Signature:						
	Title:						
	Address:				Phone:		
	City:		State:		Zip:		
					FAX #:		
	Who is to be known as the: <input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Agent for the Legal Owner/Administrator (Authorization must be attached)						
<b>OSHDP Receipt Stamp</b>							

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### Application for Plan Review - page 2

<b>G</b>	Name of Facility (from front page)	OSHDP #												
<b>H</b>	<p>Enclosed with this application are the following documents:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">_____ Filing Fee (See Above)</td> <td style="width: 50%;">_____ Geotechnical Reports (for New Facilities and Additions) Date Sent: _____</td> </tr> <tr> <td>_____ Plans</td> <td>_____ Verification of Notice of Intent (for Skilled Nursing Facilities)</td> </tr> <tr> <td>_____ Specifications</td> <td>_____ Verification of Conformance to Local Codes (for New Facilities and Additions)</td> </tr> <tr> <td>_____ Structural Calculations</td> <td>_____</td> </tr> <tr> <td>_____ Equipment Anchorage Calculations</td> <td>_____</td> </tr> <tr> <td>_____ Design Program (Optional)</td> <td>_____</td> </tr> </table>		_____ Filing Fee (See Above)	_____ Geotechnical Reports (for New Facilities and Additions) Date Sent: _____	_____ Plans	_____ Verification of Notice of Intent (for Skilled Nursing Facilities)	_____ Specifications	_____ Verification of Conformance to Local Codes (for New Facilities and Additions)	_____ Structural Calculations	_____	_____ Equipment Anchorage Calculations	_____	_____ Design Program (Optional)	_____
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_____ Equipment Anchorage Calculations	_____													
_____ Design Program (Optional)	_____													
<b>I</b>	<p>Plans and Specifications prepared by the following: <span style="float: right;">Check discipline in general responsible charge of project <input checked="" type="checkbox"/></span></p> <div style="border: 1px solid black; padding: 2px;"> <p>Architect - Firm <span style="float: right;"><input type="checkbox"/></span></p> <p>Individual Responsible <span style="float: right;">Reg#</span></p> <p>Alternate <span style="float: right;">Reg#</span></p> <p>Address: <span style="float: right;">Phone</span></p> <p>City: <span style="float: right;">State:</span> <span style="float: right;">Zip:</span> <span style="float: right;">FAX #:</span></p> </div> <div style="border: 1px solid black; padding: 2px;"> <p>Structural Engineer - Firm <span style="float: right;"><input type="checkbox"/></span></p> <p>Individual Responsible <span style="float: right;">Reg#</span></p> <p>Alternate <span style="float: right;">Reg#</span></p> <p>Address: <span style="float: right;">Phone</span></p> <p>City: <span style="float: right;">State:</span> <span style="float: right;">Zip:</span> <span style="float: right;">FAX #:</span></p> </div> <div style="border: 1px solid black; padding: 2px;"> <p>Mechanical Engineer - Firm <span style="float: right;"><input type="checkbox"/></span></p> <p>Individual Responsible <span style="float: right;">Reg#</span></p> <p>Alternate <span style="float: right;">Reg#</span></p> <p>Address: <span style="float: right;">Phone</span></p> <p>City: <span style="float: right;">State:</span> <span style="float: right;">Zip:</span> <span style="float: right;">FAX #:</span></p> </div> <div style="border: 1px solid black; padding: 2px;"> <p>Electrical Engineer - Firm <span style="float: right;"><input type="checkbox"/></span></p> <p>Individual Responsible <span style="float: right;">Reg#</span></p> <p>Alternate <span style="float: right;">Reg#</span></p> <p>Address: <span style="float: right;">Phone</span></p> <p>City: <span style="float: right;">State:</span> <span style="float: right;">Zip:</span> <span style="float: right;">FAX #:</span></p> </div> <div style="border: 1px solid black; padding: 2px;"> <p>Geotechnical Report - Firm <span style="float: right;"><input type="checkbox"/></span></p> <p>Individual Responsible <span style="float: right;">Reg#</span></p> <p>Alternate <span style="float: right;">Reg#</span></p> <p>Address: <span style="float: right;">Phone</span></p> <p>City: <span style="float: right;">State:</span> <span style="float: right;">Zip:</span> <span style="float: right;">FAX #:</span></p> </div>													

INSTRUCTIONS FOR  
APPLICATION FOR PLAN REVIEW  
(OSH-FD-121)

Office Use Only do not write in shaded areas on this application.

Note: If licensure by the California Department of Health Services is not required by your facility, review by OSHPD is not required and the application is not required. Your application and plans should be submitted to local jurisdictions.

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable). Enter name and phone number of the facility administrator.

Title of project - enter a brief (45 keystrokes or less) description statement of the work to be performed. Applicant job number - if the facility or architect has a numbering system for projects, enter that project number.

- B Scope of Project - Check whether this application accompanies a preliminary or final plan submittal. Describe the work to be performed. Where appropriated, include square footage and quantities. Enter total licensed bed count before construction and after construction.

- C Check the type of project. Check Type of Facility as licensed.

- D Enter the name of the legal owner, address and phone number.

- E Estimated Cost

Line 1. Enter estimated construction cost of project, including Fixed Equipment to be permanently attached to the building either electrically, mechanically or structurally, but Excluding all design fees, inspection fees, off-site work and radiology equipment cost.

Line 2. Estimated cost of radiology equipment. (X-ray, MRI, CT Scans, etc.)

Complete fee computation for preliminary plan review submittals (if applicable). If you are submitting for final plan review, disregard this line item.

- F This application for plan review is to be signed by the legal owner or administrator of the facility, or his agent. If signed by the agent of the legal owner or administrator, the authorization shall be attached to this application. Indicate in the appropriate boxes the name, signature, title, address, phone number, city, state, zip and fax number of the applicant.

INSTRUCTIONS FOR  
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(OSH-FD-121)

G Enter the name of the facility from Section A on Page 1.

H Indicate the number of documents enclosed.

- ▶ Filing Fee - (See Section E on Page 1) for total filing fees due.
- ▶ Plans and Specifications - Submit one (1) set of plans and specifications for projects involving the structural frame of a health facility.
- ▶ Submit one (1) set of plans and specifications for nonstructural health facility projects or for one story, type five skilled nursing facilities.
- ▶ Submit copies of structural calculations and equipment anchorage calculations.
- ▶ The applicant may submit a copy of the design program if desired.
- ▶ Submit three (3) sets of geotechnical reports for projects involving new facilities and additions to existing facilities. If geotechnical reports were previously submitted to OSHPD, indicate the date they were sent.
- ▶ If verification of notice of intent for skilled nursing facilities, or verification of conformance to local is required, indicate that these are being included with the application.
- ▶ Spaces are provided for additional information or documents being enclosed with the application.

I Provide information for those disciplines which are involved in this project. Check the box for the discipline which is in general responsible charge of project. For each discipline, provide the name of the individual in responsible charge of the project, his registration number, an alternate person to contact, his registration number, the address, phone number, city, state, zip code and fax number for the firm.